



## CALIFORNIA STATE ATHLETIC COMMISSION

1424 HOWE AVENUE, SUITE 33, SACRAMENTO, CA 95825-3217 (916) 263-2195 FAX (916) 263-2197  
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## 2005 RENEWAL

### APPLICATION TO BE PLACED ON RINGSIDE PHYSICIAN LIST

#### ☐ RENEWAL APPLICANT

Please submit the following with this Application:

☐ **Proof of Medical License**

☐ **2 Photos**

_____ Office Use
Approved By: _____
Cert. Number: _____

Name			Birthdate / /	
Residence Address (Number and Street)			Residence Phone Number ( )	
City	State	Zip Code	Cell Number ( )	
			Pager Number ( )	
Business Address (Number and Street)			Business Phone Number ( )	
City	State	Zip Code	Fax Number ( )	
Year Licensed in California			Licensee Number	

Are you a member of a Specialty Board? ☐ Yes ☐ No

Name of Specialty Board: \_\_\_\_\_

Your Specialty: \_\_\_\_\_

***I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.***

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date